

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LH</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/1/02
2	12/1/02
3	12/1/02
4	12/1/02
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Claim	Date
Final	
Original	
51	2/6/03
52	2/22/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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